

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jon D. Spalding**

Mailing Address 101 S Main St  
PO Box 258

City State Zip Code  
Perry MI 48872-0258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spalding Insurance Agency Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

**Transaction ID : 7236161**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Other Income**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2015

**Transaction ID : 7258991**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Nancy Sue Peachey**

Mailing Address PO Box 8644

City State Zip Code  
Pratt KS 67124-8644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peachey Insurance Agency Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2015

**Transaction ID : 7258993**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00